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**Division of Budget and Analysis**  
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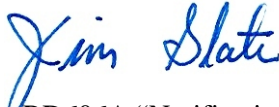
Michael F. Easley, Governor  
Dempsey Benton, Secretary

James B. Slate, Jr., Director

December 12, 2007

**MEMORANDUM 2007-13**

**TO:** Division Directors  
Budget Officers  
Grant Coordinators

**FROM:** Jim Slate 

**SUBJECT:** Revised Form BD606A "Notification of Application for Grant Funds/Awards"

Effective July 1, 2007, the State Budget Manual amended Section 3.12.1 - Application for Funds. The amended policy creates a revised form BD606A "Notification of Application for Grant Funds/Awards" to be completed by all Division/Offices when applying for federal or non-federal funds. Accordingly, the Department will use the new BD606A form required by Office of State Budget and Management. A copy of the new BD606A with and instructions for completing the form is attached. The Department requires signatures on the BD606A form as appropriate assurance for the Secretary of review, approval, and funding availability by the applicant Division/Office. Older versions of the BD606A form will no longer be used.

An electronic copy of the new form should be submitted to this office to Floyd Jones, Grants Coordinator thirty days prior to the grant deadline. A signed hard copy of the new BD606A should be included with the completed grant application and delivered to the Grant Coordinator fifteen days prior to the grant deadline. This procedure applies to all grant submission including: (1) grant applications, (2) contract and sub-contract proposals, (3) cooperative agreements, (4) state plans, (5) block grants, (6) state plan amendments, and (7) other requests seeking non-state funding.

The policy for the Department governing **Requests for Federal or Private Funds** may be found at: [http://info.dhhs.state.nc.us/olm/manuals/dhs/pol-40/man/requests\\_for\\_federal\\_private\\_funds1.htm](http://info.dhhs.state.nc.us/olm/manuals/dhs/pol-40/man/requests_for_federal_private_funds1.htm)

Please forward copies of this correspondence to appropriate staff and direct any questions to Floyd Jones at 733-6831.

JBSjr:fj

cc: Dan Stewart  
Jackie Sheppard

# Instructions for Reporting Grant Applications/Awards

## Notification of Application for Grants

State agencies are required by statute (G.S. 143C-7-1) to notify the Office of State Budget and Management (OSBM) of all applications made for grant funds and/or other funds that require an application. This Application for Grants form satisfies the statutory requirement and should be sent to OSBM at the time you apply for a grant. If an agency receives a grant for which no application was submitted, complete this form when the award is received. Return completed form as an email attachment and indicate in message that proper agency sign-offs have been obtained. OSBM reserves the right to request additional information regarding the grant, if necessary.

Upon notification from the funding entity of a grant award, line 29 of this form is required to be filled in with actual amount of the grant received and the form resubmitted.

If you have questions about this form, please contact your OSBM budget analyst.

**1) Department/Agency:** Choose the name of your department/agency from the drop menu provided.

**2) Division:** Enter the name of the division of the department that will be responsible for managing the grant (For example, DENR's Division of Water Quality). The Department of Health and Human Services should use the drop down menu provided.

**3) Contact Person:** Enter the name of the state employee who can best answer any questions regarding the details of the grant (financial details and the grant itself).

**4) Phone Number:** Enter the phone number of the contact person for the grant.

**5) E-mail:** Enter the e-mail address of the contact person for the grant.

**6) Funding Entity:** Enter the name of the funding entity (federal, state or local agency or private entity) from which you are applying for funding.

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**7) CFDA Number:** For federal grants, enter the Catalog of Federal Domestic Assistance number associated with the grant.

**8) Grant Title:** Enter the title that you use to identify the grant.

**9) Grant Application Deadline:** Enter the date the grant application is due to the funding entity using the two-digit month, two-digit day and two-digit year.

**10) Start Date of Grant:** Enter the date on which successful applications will be awarded or the beginning date of the eligible grant budget period, using the two-digit month, two-digit day and two-digit year.

**11) End Date of Grant:** Enter the date on which the grant award ends including the two-digit month, two-digit day and two-digit year.

**12) Application Type:** Choose the application type from the drop down menu that best meets the descriptions below:

**a. New:** an application is new if:

- i. The agency has never before received or applied for this grant, or
- ii. This grant is under a new federal program or new agreement under which the state has never before participated, or
- iii. This grant falls under the provisions of new federal requirements.

**b. Continuation/Renewal:** an application falls under this category if the following apply:

- i. The application submitted is for the continuance of a government program or private initiative in which the state currently participates, or
- ii. The application submitted is for renewal in the middle of a funding/project cycle, or
- iii. The application submitted is for the continuance of a grant award for which the state has been receiving, or
- iv. The application submitted is for a new cycle of an existing grant.

**c. Revision:** an application is considered a revision when a grant application submitted substantially changes a previous submission due to additional funds that were made available that would result in an increase in the number of positions or funds in excess of 25% of the original grant award.

If the grant award received did not require an application, report the type of grant received using the criteria for application type listed above.

**13) Is this grant already in the agency's continuation budget?**

Choose "yes" or "no" from the drop down menu.

**14) Budget Code:** Enter the five-digit budget code in which the grant will be budgeted and expended. If the grant will be expended in more than one budget code, please enter the primary budget code here and use the comments section to list additional budget codes.

**15) Fund Code:** Enter the four-digit fund code in which the grant will be budgeted and expended. If the fund code is unknown at the time of application, then enter NA. If the grant will be expended in more than one fund code, please enter the primary fund code here and use the comments section to list additional fund codes.

**16) Is there a state matching requirement?**

Choose "yes" if a condition of receiving the grant requires state cost sharing or matching requirement either financial or non-financial/in-kind in nature. Allowable in-kind contributions vary by grantor, but typically include contributions of equipment, supplies, or other property in lieu of a dollar contribution.

**17) If yes, what is the matching requirement?**

Enter the description of the cost-sharing or matching requirement and the amount of state funds required to satisfy the match if a financial contribution is a condition of the grant award.

**18) If yes, what is the source of state funds being used to match the grant funds?**

Choose from the drop down menu the type of state funds you are using to match federal dollars.

- ✓ **General Fund:** state dollars you are using to match that come from the General Fund.
- ✓ **Special or Trust Funds:** state dollars you are using to match that come from a special or trust fund to be used for a specified purpose.
- ✓ **Other:** state dollars you are matching that do not fit into the other columns. For example, the Highway Fund.
- ✓ **In-Kind:** intangible dollars or the existing state resources that are being provided as a match (i.e. services, administrative support, equipment, use of vehicles, property value, volunteer hours)

**19) Is there maintenance of effort (MOE) requirement?**

Choose "yes" or "no" from the drop down menu.

**20) If yes, what is the MOE?**

Enter the description of the maintenance of effort requirement and the amount of state funds required to satisfy the MOE.

**21) Is an additional General Fund appropriation required to meet the state match or MOE requirement?**

Choose "yes" or "no" from the drop down menu.

**22) Will any of the grant funds be passed through to local governments or non-state entities?**

Choose "yes" or "no" from the drop down menu.

**23) If yes, identify the affected entities by type.**

Check each type of entity eligible to receive fund. If affected entities are unknown at the time of application, then enter unknown.

**24) Will additional state monies be required to continue this program if this grant expires or is reduced?**

Choose "yes" or "no" from the drop down menu. Choose "yes" if this grant creates a future obligation or expectation that the program started with the grant will continue after the life of the grant. If you enter "yes" then explain the details in the comments section at the bottom of this form. Choose "no" if the grant does not create a future obligation, or the expectation that the program supported by the grant will be continued when the grant funds end.

**25) If yes, is this a requirement of the grant?**

Enter "Yes" if this grant requires that this program must be funded with state dollars should the grant funding be reduced or expire.

**26) Are new FTEs funded through the grant?**

Choose "yes" or "no" from the drop down menu.

**27) If yes, give the number by type for each year:**

Enter the number of additional Full-Time Equivalent (FTE) employees the grant requires you add or for which you are requesting funds.

**28) Amount of grant funds applied for in each State Fiscal Year:** Allocate the funding into the state fiscal years during which you believe the money will be spent.

- ✓ In the "Actual" fiscal year column, indicate the amount of funds from this grant that were spent in that state fiscal year. If this a new grant that has never been received previously, enter 0 and explain in the notes.
- ✓ In the "Authorized" fiscal year column, indicate the amount of funds from this grant that you are authorized and intend to spend during that state fiscal year. If this a new grant that has never been received previously, enter 0 and explain in the notes.
- ✓ In the "Proposed" fiscal year columns, indicate the amount of funds from this grant that you intend to receive/spend in each state fiscal year.

For FY 2007-08 choose either authorized or proposed expenditures depending on the nature of expenditures for the current fiscal year.

If the grant will be expended in multiple budget codes and/or fund codes, please use the comments sections to note this. Use this table to account for the total amount of grant funds applied for, and upon receipt of the grant, your OSBM budget analyst will be in contact to properly budget the grant funds in the appropriate budget and funds codes.

**29) Amount of grant funds awarded/received for each State Fiscal Year:**

Upon notification of a successful grant application, please fill out this row and resubmit this form. Note that the amount of money reflected for each fiscal year should equal the total amount of grant funds awarded over the period of the grant cycle. If the grant will be expended in multiple budget codes and/or fund codes, please use the comments section to note this. Use this table to account for the total amount of grant funds received and your OSBM budget analyst will be in contact to properly budget the grant funds in the appropriate budget and fund codes.

**30) Purpose of Grant or Grant Amendment:** Enter a short description of the grant for which you are applying, as well as a description of its purpose.

**31) Comments:** Enter any elaborations you have on any section on the Grants Application Form, including but not limited to multiple budget and fund codes; matching requirements and sources for the match; the nature of a required Maintenance of Effort; the names of pass-through entities; or pertinent FTE information.

## **Instructions for the Grants Application Form**

### **OSBM Grants Application Form**

State agencies are required by statute (G.S. 143C-7-1) to notify the Office of State Budget and Management (OSBM) of all applications made for grant funds and/or other funds that require an application. This Grants Application Form satisfies the statutory requirement and should be sent to OSBM at the time you apply for a grant. OSBM reserves the right to request additional information regarding the grant if necessary.

**1) Department:** Choose the name of your department/agency from the drop menu provided.

**2) Division:** Enter the name of the division of the department that will be responsible for managing the grant (For example, DENR's Division of Water Quality). The Department of Health and Human Services should use the drop down menu provided.

**3) Program:** Enter the program name which the grant will be funding or supporting (For example, Nutrition Services in the Division of Public Health).

**4) Contact:** Enter the name of the person who can best answer any questions regarding the details of the grant (financial details and the grant itself).

**5) Phone Number:** Enter the phone number of the contact person for the grant.

**6) E-mail:** Enter the e-mail address of the contact person for the grant.

**7) Funding Entity:** Enter the name of the funding entity (federal, state or local agency or private organization) from which you are applying for funding.

**8) Date Grant Application Submitted:** Enter the date on which you submitted the grant application to the funding entity including the two-digit month, two-digit day and two-digit year.

**9) Grant Title:** Enter the title that you use to identify this grant.

**10) Start Date of Grant:** Enter the date on which successful applications will be announced or awarded including the two-digit month, two-digit day and two-digit year.

**11) End Date of Grant:** Enter the date on which grant award ends including the two-digit month, two-digit day and two-digit year.

**12) Grant Type:** Choose the type of grant applied for from the drop down menu that best meets the descriptions below:

**a. New:** an application is new if the following apply:

- i. Never before applied for this grant, or
- ii. This grant is under a new federal program or new agreement under which the state has never before participated, or
- iii. This grant falls under the provisions of new federal requirements.

**b. Continuation/Renewal:** an application falls under this category if the following apply:

- i. The application submitted is for the continuance of a government program or private initiative in which the state currently participates, or
- ii. The application submitted is for renewal in the middle of a funding/project cycle, or
- iii. The application submitted is for the continuance of a grant award for which the state has been receiving, or
- iv. The application submitted is for a new cycle of an existing grant.

**c. Revision:** an application is considered a revision when a grant application submitted substantially changes a previous submission due to additional funds that were made available that would result in an increase in the number of positions or funds in excess of 25% of the original grant award.

**13) Is this grant already in the agency's continuation budget?**

Choose "yes" or "no" from the drop down menu.

**14) Budget Code:** Enter the five-digit budget code in which the grant will be budgeted and expended.

**15) Fund Code:** Enter the four-digit fund code in which the grant will be budgeted and expended. If the fund code is unknown at the time of application, then enter N/A.

**16) Is there a state matching requirement?**

Choose "yes" if a condition of receiving the grant requires state cost sharing or matching requirement either financial or non-financial/in-kind in nature. A non-financial contribution may include the value of goods and/or services contributed by the grantee (e.g., salary of staff devoting a portion of their time to the grant not otherwise included in the grant budget or derived from the grant funds).

**17) If yes, what is the matching requirement?**

Enter the description of the cost-sharing or matching requirement and the amount of state funds required to satisfy the match if a financial contribution is a condition of the grant award.

**18) If yes, what is the source of state funds being used to match the grant funds?**

Choose from the drop down menu provide the type of state funds you are using to match federal dollars.

- ✓ **General Fund:** state dollars you are using to match that come from the General Fund.
- ✓ **Special or Trust Funds:** state dollars you are using to match that come from a special or trust fund to be used for a specified purpose.
- ✓ **Other:** state dollars you are matching that do not fit into the other columns. For example, the Highway Fund.
- ✓ **In-Kind:** intangible dollars or the existing state resources that are being provided as a match (i.e. services, administrative support, equipment, use of vehicles, property value, volunteer hours)

**19) Is there maintenance of effort (MOE) requirement?**

Choose “yes” or “no” from the drop down menu.

**20) If yes, what is the MOE?**

Enter the description of the maintenance of effort requirement and the amount of state funds required to satisfy the MOE.

**21) Is an additional General Fund appropriation required to meet the state match or MOE requirement?**

Choose “yes” or “no” from the drop down menu.

**22) Will any of the grant funds be passed through to local governments or non-state entities?**

Choose “yes” or “no” from the drop down menu.

**23) If yes, identify the affected entities.** Enter the names local government(s) or private entity or entities that will receive the pass-through dollars. Use the comments section if additional space is needed. If grant funds will be passed through to non-state entities that have not yet been identified, then list the types of entities eligible to receive funds (i.e, local governments, private non-profits, .etc.).

**24) Will additional state monies be required to continue this program if this grant expires or is reduced?**

Choose “yes” or “no” from the drop down menu. Choose “Yes” if this grant creates a future obligation or expectation that the program started with the

grants will continue after the life of the grant. If you enter “Yes” then explain the details in the comments section at the bottom of this form. Choose “no” if the grant does not create a future obligation, or the expectation that the program supported by the grant will be continued when the grant funds end.

**25) If yes, is this a requirement of the grant?**

Enter “Yes” if this grant requires that this program must be funded with state dollars should the grant funding be reduced or expire.

**26) Are additional FTEs necessary?**

Choose “yes” or “no” from the drop down menu.

**27) If yes, give the number by type for each year:**

Enter the number of additional Full-Time Equivalent (FTE) employees the grant requires you add or for which you are requesting funds.

**28) Amount of grant funds applied for in each State Fiscal Year:**

Allocate the funding into the state fiscal years during which you believe the money will be spent.

- ✓ In the “Actual” fiscal year row, indicate the amount of funds from this grant that were spent in that state fiscal year. If this a new grant that has never been received previously, enter N/A.
- ✓ In the “Authorized” fiscal year row, indicate the amount of funds from this grant that you were authorized and intend to spend during that state fiscal year. If this a new grant that has never been received previously, enter N/A.
- ✓ In the “Proposed” fiscal year rows, indicate the amount of funds from this grant that you intend to receive/spend in that state fiscal year.

**29) Purpose of Grant or Grant Amendment:**

Enter a short description of the grant for which you are applying, as well as a description of its purpose.

**30) Comments:** Enter in any elaborations you have on any section on the Grants Application Form, including but limited to matching requirements and sources for the match; the nature of a required Maintenance of Effort; the names of pass-through entities; or pertinent FTE information, etc.

## Notification of Application for Grant Funds/Awards, 2007-08

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.

Instructions at [http://www.osbm.state.nc.us/files/forms/grants\\_instr.pdf](http://www.osbm.state.nc.us/files/forms/grants_instr.pdf)

1 Department .....	Department of Health and Human Services
2 Division ( <i>except in DHHS</i> ).....	
DHHS only, choose division from drop down list.....	
3 Contact person ( <i>name</i> ) .....	
4 Phone number .....	
5 E-mail .....	
6 Funding Entity (grantor) .....	
7 CFDA number.....	
8 Grant title .....	
9 Grant application deadline ( <i>MM/DD/YY</i> ) .....	
10 Start date of grant ( <i>MM/DD/YY</i> ) .....	
11 End date of grant ( <i>MM/DD/YY</i> ) .....	
12 Application type .....	
13 Is this grant already in agency's continuation budget?	
14 Budget code the grant will be expended in ( <i>XXXXX</i> ).....	
15 Fund code ( <i>XXXX</i> or <i>NA</i> ) .....	
16 Is there a state matching requirement? .....	
17 If yes, what is the matching requirement? .....	
18 If yes, what is the source of state funds being used to match grant funds. ....	
19 Is there a maintenance of effort (MOE) requirement? .....	
20 If yes, what is the MOE? .....	
21 Is an additional General Fund appropriation required to meet the state match requirement? .....	
22 Will any of these funds be passed through to local govern- ments or non-state entities? .....	
23 If yes, identify affected entities by type .....	
24 Will additional state monies be required to continue the program if grant expires or is reduced? .....	
25 If yes, is this a requirement of the grant? .....	
26 Are new FTEs funded through the grant?.....	

	SFY 2006-07	For 2007-08 Complete <u>either</u> Authorized or Proposed		SFY 2008-09	SFY 2009-10
	Actual	SFY 2007-08 Authorized	SFY 2007-08 Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: <i>Permanent</i>					
<i>Time-Limited</i>					
28 Amount of grants funds <u>applied for</u> in each year .....					
29 Amount of grants funds <u>awarded</u> in each year .....					
30 Purpose of grant or amendment .....					
31 Comments .....					

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

### NC DHHS Required Signatures

Signatures at Division/Office level:

Date of Signature:

Grant Coordinator: \_\_\_\_\_

\_\_\_\_\_

Budget Officer: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

\_\_\_\_\_